

**UNITED STATES COURT OF APPEALS
FOR THE FIRST CIRCUIT**

APPEARANCE FORM
(Please type or print all answers)

Case No.:
Case Name (short):

**FAILURE TO FILL OUT COMPLETELY MAY RESULT IN THE REJECTION
OF THIS FORM AND COULD AFFECT THE PROGRESS OF THE APPEAL**

THE CLERK WILL ENTER MY APPEARANCE AS COUNSEL ON BEHALF OF:

_____ as the
(Specify name of person or entity represented.)

If you represent a litigant who was a party below, but who is not a party on appeal, do not designate yourself as counsel for the appellant or the appellee.

<input type="checkbox"/> appellant(s)	<input type="checkbox"/> appellee(s)	<input type="checkbox"/> amicus curiae
<input type="checkbox"/> petitioner(s)	<input type="checkbox"/> respondent(s)	<input type="checkbox"/> intervenor(s)
<input type="checkbox"/> not a party on appeal		

(Signature)
Name & Address:

Telephone: _____	Court of Appeals Bar Number: _____
Fax: _____	E-Mail: _____

Has this case or any related case previously been on appeal?

Yes _____	Court of Appeals No. _____
No _____	

[] IF YOU WILL NOT BE PARTICIPATING IN THIS CASE, PLEASE CHECK HERE AND RETURN, AND GIVE US THE NAME AND ADDRESS OF ANOTHER ATTORNEY, IF ANY, WHO WILL PROVIDE APPELLATE REPRESENTATION.

NOTE: Must be signed by an Attorney admitted to practice before the United States Court of Appeals for the First Circuit pursuant to Local Rule 46(a)(2). If you are applying for admission, please return this appearance form **with** your application for admission, including the admission fee.

If your name has changed since you were admitted to the First Circuit Bar PLEASE show the name under which you were admitted.

**COUNSEL MUST COMPLETE & RETURN THIS APPEARANCE FORM
IN ORDER TO FILE PLEADINGS IN THIS COURT**